

Pertussis Surveillance Worksheet

STATE CASE ID _____

Name _____ Hospital Record No. _____
 Last First
 Address _____
 Street and No. City County State Zip Phone
 Reporting Physician/Nurse _____
 /Hospital/Clinic Name Address Phone

-----DETACH HERE (Identifying information above should not be sent to CDC)-----

Site _____ STATE CASE ID _____
 City _____

Pertussis Surveillance Worksheet

Note: this form has _____ pages

County _____ State _____
 Zip _____ Birth Date ____/____/____ *Age ____ (999 Unknown) Age type ____ 0 0-120 Years
 Month Day Year 1 0-11
 Months
 2 0-52 Weeks *Race ____ N Native Amer./Alaskan Native Ethnicity ____ H Hispanic Sex ____ M Male
 3 0-28 Days A Asian/Pacific Islander N Not Hispanic F Female 4 Age group
 B African American U Unknown U Unknown (census
 coding) W White 9 Age unknown
 O Other
 U Unknown

Event name Pertussis Event code 10190 Case count 1 (For individual record)

Event type 1 1 Onset date of cough Event date ____/____/____ *Outbreak ____ (Leave blank unless
 [Note: If onset date cannot be determined, provide Month Day Year Associated case affiliated with
 one of the following (listed in order of preference)] outbreak & want to
 2 Date of diagnosis note outbreak
 name/no.)
 3 Date of lab result
 4 Date of 1st report
 5 State/MMWR report

MMWR week (inserted by computer pgm-- Year (inserted by computer pgm) Date of report ____/____/____
date record entered) Month Day Year

Comments _____ Imported ____ 1 Indigenous (acquired in USA reporting state) Case status ____ 1
 Confirmed 2 International (acquired outside USA) (report 2
 (Other data) 3 Out of State (acquired in USA outside reporting state) status) 3
 Probable 9 Unknown 9
 Suspected
 Unknown

CLINICAL DATA [Y=Yes, N=No, U=Unknown]

Cough ____ Cough onset date ____/____/____ *Paroxysmal cough ____
 Y N U Month Day Year Y N U
 *Whoop ____ *Posttussive vomiting ____ *Apnea ____ *Final Interview date ____/____/____
 Y N U Y N U Y N U Month Day Year
 *Cough at final interview? ____ *Duration of Cough at final interview ____ (range 1-
 150; Y N U (days) 999
 Unknown)

*Was CDC clinical case definition met? ____ (calculation included in
 Y N NETSS program)

COMPLICATIONS

*Chest Xray for pneumonia? ____ P Positive
 N Negative
 X Not Done
 U Unknown
 *Seizures due to pertussis? ____
 Y N U

Acute encephalopathy due to pertussis? ____
 Y N U

Hospitalized due ____ If yes, days ____ (range 0-998;
 to pertussis? Y N U hospitalized (days) 999 Unknown)

*Died? ____
 Y N U

TREATMENT Were antibiotics given? ____
 Y N U

First antibiotic ____ 1 Erythromycin (incl. pediazole, ilosone) Date started ____/____/____
 received 2 Cotrimoxazole (bactrim/septral) 1st antibiotic Month Day Year
 3 Clarithromycin/azithromycin
 4 Tetracycline/Doxycycline
 5 Amoxicillin/Penicillin/Ampicillin/Augmentin/Ceclor/Cefixime
 6 Other
 9 Unknown Number of days first antibiotic actually taken ____ (range 0-98;
 (days) 99 Unknown)

Second antibiotic received _____
 1 Erythromycin (incl. pediazole, ilosone)
 2 Cotrimoxazole (bactrim/septral)
 3 Clarithromycin/azithromycin
 4 Tetracycline/Doxycycline
 5 Amoxicillin/Penicillin/Ampicillin/Augmentin/Ceclor/Cefixime
 6 Other
 9 Unknown
 Date started _____
 2nd antibiotic _____
 Month Day Year
 Number of days second antibiotic actually taken _____ (range 0-98;
 (days) 99 Unknown)

LABORATORY

Was laboratory testing for Pertussis done? _____
 Y N U

Date Specimen Collected
Result (Month/Day/Year)
 Culture: _____
 DFA: _____
 Serology: _____ (1st specimen)
 _____ (2nd specimen)
 PCR: _____
Result codes
 P Positive
 N Negative
 I Indeterminate
 E Pending
 X Not Done
 S Parapertussis
 U Unknown
 Note:
 Serology result is based on either
 single sample or combined result
 from acute and convalescent samples

Is case laboratory-confirmed? _____ (calculation included in
 Y N NETSS program)

VACCINE HISTORY (Complete only for children aged <15 years)

Vaccinated? (has ever received any doses of diphtheria, tetanus and/or pertussis-containing vaccines) _____
 Y N U

Date of last pertussis-containing vaccine prior to illness onset _____
 Month Day Year

<u>Vaccination Date</u> (Month/Day/Year)	<u>Vaccine Type</u> (Record type and mfg for each dose (unlikely to be available if patient born before 1989))	<u>Vaccine Manufacturer</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Type codes
 W DTP Whole Cell
 A DtaP
 D DT or Td
 T DTP-Hib Tetramune
 P Pertussis only
 O Other
 U Unknown
Manufacturer codes
 C Connaught
 L Lederle
 M Massachusetts Health Department
 I Michigan Health Department
 O Other
 U Unknown

Number of doses of pertussis-containing vaccine prior to illness onset _____ (range 0-6;
 9 Unknown)

If not vaccinated with ≥3 doses of pertussis vaccine, reason: _____
 1 Religious exemption
 2 Medical contraindication
 3 Philosophical exemption
 4 Previous pertussis confirmed by culture or MD
 5 Parental refusal
 6 Age <7 months
 7 Other
 9 Unknown

EPIDEMIOLOGIC INFORMATION

Date FIRST REPORTED to a health department _____
 Month Day Year

Date case investigation started _____
 Month Day Year

*Epi-linked? _____ *Outbreak related? _____ If yes, outbreak name _____
 Y N U Y N U (Name of outbreak this case is associated with)

Transmission Setting (Where did this case acquire pertussis?) _____
 1 Day Care
 2 School
 3 Doctor's Office
 4 Hospital Ward
 5 Hospital ER
 6 Hospital Outpatient Clinic
 7 Home
 8 Work
 9 Unknown
 10 College
 11 Military
 12 Correctional Facility
 13 Church
 14 International Travel
 15 Other

Setting (outside household) of further documented spread from this case _____
 (Setting outside household in which secondary transmission of pertussis from this case occurred)
 1 Day Care
 2 School
 3 Doctor's Office
 4 Hospital Ward
 5 Hospital ER
 6 Hospital Outpatient Clinic
 7 >1 setting outside household
 8 Work
 9 Unknown
 10 College
 11 Military
 12 Correctional Facility
 13 Church

- 14 International Travel
- 15 Other
- 16 No documented spread outside household

Number of contacts in any setting for whom antibiotics were recommended _____ (range 0-999;
999 Unknown)

CONTACT INFORMATION (for state/local HD use)

Parent's Names: _____
Mother Father

***NOTES**

Age	Age of patient at cough onset in no. of years, months, weeks, or days as indicated by AGETYPE
Race	"4" is not used. It was formerly used for Hispanic, which is now indicated under "ETHNICITY"
Outbreak (Pertussis)	A cluster of ≥ 5 cases (at least one culture-confirmed) in space and time
Paroxysmal cough	Sudden uncontrollable bursts or spells of coughing where one cough follows the next without a break for breath
Whoop	High-pitched noise heard on breathing in after a coughing spasm
Posttussive vomiting	Vomiting that follows a paroxysm of coughing
Apnea	Prolonged failure to take a breath which may occur either after a coughing spasm, or without prior coughing in an infant
Final Interview date	Date of the last interview conducted with the patient or provider to obtain case information
Cough at final Interview	Was the patient still coughing at the time of the final interview?
Duration of cough	The total number of days the patient has coughed by the time of the final interview. If cough duration is <14 days at final interview when the case is reported, it is important to recontact the patient to establish whether the patient did cough for at least 14 days. If unknown, leave blank.
Chest xray for pneumonia	Chest xray documented pneumonia=Positive; Chest xray done but no pneumonia=Negative.
Seizures due to pertussis	Generalized or focal seizures due to pertussis
Acute encephalopathy due to pertussis	Acute illness of the brain manifesting as decreased level of consciousness (excluding post-ictal state) and reduced level of nervous system functioning. Seizures may or may not occur. Such patients are almost always hospitalized, and have undergone extensive evaluation. (This should be verified by a physician; it is usually mentioned in the hospital discharge summary)
Died	If patient died from pertussis, verification with the physician is recommended.
Epi-linked	A case that has had close contact with a culture-confirmed case, with cough onset in the period from 10 days before to 30 days after cough onset in the culture-confirmed case, and the timing of the contact was compatible with the incubation period of pertussis (6-20 days).

***CDC CLINICAL CASE DEFINITION FOR PERTUSSIS**

Sporadic case:	A cough illness lasting at least 2 weeks with one of the following: paroxysms of coughing, inspiratory "whoop," or posttussive vomiting, without other apparent cause.
Outbreak case:	A cough illness lasting at least 2 weeks.